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FACSIMILE TRANSMISSION COVER SHEET

Date: October 6, 2005

To: United States Patent and Trademark Office
Examiner: Sarkar, Asok K.; Art Unit: 2891

Fax: (571) 273-8300

Re: **Application Serial No.: 10/762,445**
Filing Date: 1/22/2004; First-Named Inventor: Fang
Attorney Docket No.: 0180192

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 17

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated July 5, 2005.

Payment for First Month Extension Fee in the Amount of \$120.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 0180192

AMENDMENT COVER SHEETIN RE APPLICATION OF: Fang, et al.SERIAL NO.: 10/762,445 FILED: 01/22/2004FOR: Structure and Method for Low VSS Resistance and Reduced DIBL in a Floating Gate Memory CellHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

☒ **EXTENSION FEE**

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$120.00
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☒ **TOTAL EXTENSION FEE \$ 120.00**☐ **FEE FOR EXTRA CLAIMS added by Amendment in this response:**

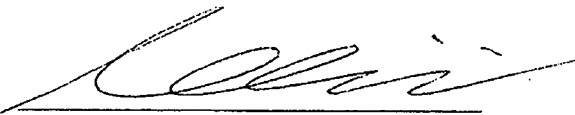
	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	12	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0180192

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 120.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 10/6/05By: 
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Date 10/6/05
Signature Christina L. Carter
Name of Person Performing Facsimile Transmission Christina L. Carter

Michael Farjami, Esq.
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26522 La Alameda Ave., Suite 360
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Telephone: (949) 282-1000
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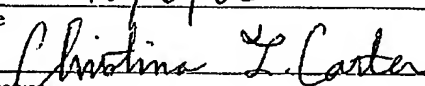
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Attorney Docket No.: 0180192

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In re Application of: **Fang, et al.**

Art Unit: 2891

OCT 06 2005

Serial No.: 10/762,445

Examiner: SARKAR, ASOK K.

Filed: 01/22/2004

For: **Structure and Method for Low VSS
Resistance and Reduced DIBL in a
Floating Gate Memory Cell**

AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated July 5, 2005 in the
above-referenced patent application. Please enter and consider the following
amendments and remarks.

10/07/2005 TL0111 00000031 10762445

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